

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes No (CFA-4)

**Summary Sheet** 

**FILE NUMBER** 

**TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

COMMITTEE INFO	RMATION	Millionido della Millionia	
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		Adambana a sakar	AT RESIDENCE TO SEE
2. Acronym or abbreviated name, if any	3. Committee	telephone number	
4. Mailing address (address where all campaign finance correspondence is received)	Check if this is a	naur addraec	una nodrutnoi fenore
136 Lanter Lane	Crieck ii tilis is a	new address	
5. City, state, ZIP code	6. Party affilia	ation (if applicable)	revenuiv egocci
CARMEL IN 460	32 Kep	ub LicAN	
CANDIDATE INFORMATION (For Care	didate's Committees C	nly)	
7. Full name of candidate (include any nickname)	8. Party affilia	ation or if independer	nt candidate
MARY EWING ECKDED	Ken	u.blicas	
9. Office sought (Include district number, if any. Not required for exploratory comm	nittee.) 10. County o	f residence	249
Clay township Bours	necessarios de constituiros de		
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:	s of the committee.	Check one:	TEM 45 Enter T
Pre-Primary Pre-Election Annual Final/Disbands Committee (lines 1	8, 19, and 20 must be "0")	Pre-Convention	on
Outgoing Treasurer (within 10 days amend Statement of Organization)		Post-Convent	ion
12. Reporting Period:	# 219 code. Il latew	COLUMN A	COLUMN B
From: 1 - 1 - 03 Through: 12 - 31 -	03	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	to alosti bas yrigosofida	45.83	
14. Cash on hand and investments January 1, current year.			45.83
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(Note: these amounts include in-kind contributions and loans, as well as cash contributions	utions.)		
15a. Itemized (use Schedule A)		- 0 -	_0.
15b. Unitemized	to steels and integrality	-0.	-0-
15c. Add lines 15 a and 15b in both columns	SUBTOTAL	_0 .	- 0 -
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	45.83	45.83
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	aing dought by the candida	45.83	45.83
17b. Unitemized	Am Su China Brown J. Bigs.	0 7	-0-
17c. Add lines 17a and 17b in both columns	SUBTOTAL	45.83	45.83
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both co	olumns) TOTAL	-0'	_ 0 -
19. Debts OWED BY the committee (use Schedule D)	4	14.240	A STANKE
20. Debts OWED TO the committee (use Schedule E)	along the type of report.	abni xov 🚊 ngc kaji	
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files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a compl	ete or accurate report as require	ed by the Indiana	

Campaign Finance Law commits a Class 8 misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page _	V of 10	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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Contributor's Occupation (if required)	4			
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Contributor's Occupation (if required)	_	*		
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### (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	3	of	10

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A  AMOUNT THIS  PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

### (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page V	of 10

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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5.		Contributions:  Direct In-Kind (describe)			
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	5	_ of	10	

15.000	CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE
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#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committees). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBE	R
Page _	le	of	10

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED RECEIVED BY
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(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) by State Board of Accounts 1999

Approved

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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Page 1	of	10	

RECIPIENT'S NAME AND MAILING ADDRESS) (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION  OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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Code some to east eff Fed 3 entitionings	TYPE OF EXPENDITURE (Assorber tradition out in addition out in addition of the attention out in a second out in a second out	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	utions  t and in-kind of comparing pa eganications, it who becoming	is Type: Control Ceffnison: Dise: make to other and charitable is and charitable is	Expandibution in the care to the community the filer is a
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

# (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

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(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE NUMBER				
Page	9	of	10		

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT  NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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